



Schuylkill County Youth Soccer Association

Travel Program

Player Medical and Damage Waiver Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child,

_____ in the event of accident, injury, sickness, etc. under the direction of the person (s) listed below.

Parent/Guardian Address:

Telephone#: (home) _____ Alternate

Email address: _____

Insurance Carrier:

Policy Number:

Family Physician Name: _____ Telephone:

In the event that I am not present and cannot be reached by telephone within a reasonable amount of time, I give the following individuals authorization to act in my absence for my child's medical treatment:

NAME:
NUMBER:

TELEPHONE

1. _____

2. _____

The Schuylkill County Youth Soccer Association (SCYSA), it's Executive Board, Coaching Staff, and all Support Staff will not be held responsible for any damages to any fields, facilities, hotels, or any other properties not association with SCYSA.

Upon the signing of this form, I am stating that I have read and fully understand all of the information and agree to its terms.

Parent or Guardian Signature

Notary Public

Print Name/Date

Player Signature (If 18 years or older)